MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH	
1. PLACE OF DEATH Count Of Ordinary Registration District	No. 840 File No.
	District No. 6102 Registered No. 18
culcas leaffer 24 (Ng	St. Ward)
2. FULL NAME Corring Stores	
(a) Besidence, No. Ward.	
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) da How long in U.S., if of foreign birth? yrs. mes. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 192
way White Single	17.
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	5/12 1927 4 8/13 1927
(or) WIFE or	that I list saw been alive on 8.71.3 19.2.3 and that
40.5	death occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR) See 13=1420	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs.	
21 6 // ormin.	Servicions malaria
B. OCCUPATION OF DECEASED	4
(a) Trade, profession, or	(deficion) Tra- tros de
particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(SECONDARY) (SECONDARY) (duration) (duration)
(c) Name of employer	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN) Disable The	IF NOT AT PLAZ OF DEATH!
(STATE OR COUNTRY)	- DID AN OPERATION PRECEDE DEATHY DATE OF
10. NAME OF FATHER CLEUR Voconsand	WAS THERE AN AUTOPSYT.
11. BIRTHPLACE OF FATHER (CITY OR TOWN WILLIAM	WHAT TEST CONFIRMED DIAGNOMS 2
(STATE OR COUNTRY)	XIVIAGAL
12. MAIDEN NAME OF MOTREE DE CALLED - D	(Signed), M. D
7/	0/11 / Segreto 11-0
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Dinnage Causing Draff, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accordance. Suicidal, or
(1)	HOMICIDAL. (See reverse side for additional space.)
INFORMANT ACCEPTATION OF THE PARTY OF THE PA	19 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) Turked	Jague Ceccet 8/14 1927
Fredly 131922 EL Hope	20. UDERTAKER ADDRESS
REGISTRAR	Washing & C. C. Vicinus
	- of mulining, or respective

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify -88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.